



Cigna Healthcare Value 4-Tier Prescription Drug List

Coverage as of January 1, 2024



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View the drug list online

This document was last updated on 11/01/2023.* You can go online to see the most up-to-date list of medications your plan covers.



myCigna® App¹ or myCigna.com®. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/PDL. Scroll down until you see a pdf of the **Cigna Value 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

Questions?

- **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- **By phone:** Call the toll-free number on your Cigna HealthcareSM ID card. We're here 24/7/365.

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Value 4-Tier Prescription Drug List as of January 1, 2024. Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **The drug list is updated often so it isn't a full list of the medications your plan covers.** Also, your specific plan may not cover all of these medications. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list. These medications are considered plan (or benefit) exclusions. You can buy these medications at the pharmacy without a prescription.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna Healthcare Value 4-Tier Prescription Drug List.

Tier (cost-share level) gives you an idea of how much you may pay for a medication		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide EC	ANDROGEL 1.62% (PA, QL)	ALORA (QL)
cabergoline (QL)	ARMOUR THYROID	ANDROGEL 1.0% (PA, QL)
COVARYX	CYTOMEL 50mcg	ANGELIQ
COVARYX H.S.	DIVIGEL	CLIMARA
DECADRON	DUAVEE	CLIMARA PRO
desmopressin	ESTRING (QL)	Combipatch
dexamethasone	PREMARIN	CYTOMEL 5, 25mcg
estradiol-norethindrone	PREMPHASE	DEPO-TESTOSTERONE
estrogen-methyltestosterone	PREMPRO	ELESTRIN
levothyroxine		ENTOCORT EC
LEVOXYL		ESTRACE
liothyronine		ESTROGEL
medroxy-progesterone		EVAMIST
methimazole		FEMRING
methylprednisolone		INTRAROSA
MIMVEY		LEVO-T
MIMVEY LO		MENOSTAR (QL)
NATURE-THROID		MINIVELLE (QL)
NP THYROID		OSPHERA
prednisolone		TIROSINT
prednisolone ODT		UNITHROID
prednisone		VAGIFEM (QL)
prednisone intensol		VIVELLE-DOT (QL)
progesterone		

Medications are grouped by the **condition** they treat; **Specialty medications** are listed on Tier 4 (pages 19–27)

Medications are listed in **alphabetical** order within each column

Medications that have extra coverage requirements have an **abbreviation** listed next to them

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Healthcare Value 4-Tier Prescription Drug List.

Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

• Tier 1 – Typically Generics	(Lowest-cost medication)	\$
• Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
• Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
• Tier 4 – Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

(PA)	Prior Authorization – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
(QL)	Quantity Limits – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
(ST)	Step Therapy – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a (ST) next to them. You have many covered options to choose from, and they're used to treat the same condition.
(AGE)	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Specialty medications are covered on Tier 4

Specialty medications are used to treat complex medical conditions. They're typically injected or infused and may need special handling (like refrigeration). Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, all specialty medications are covered on Tier 4 (see pages 19–23). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them.

Some plans may cover certain non-covered medications

Plans can choose to offer coverage of certain medications, products and/or drug classes that aren't typically covered. In this drug list, these medications/products have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com** to see if your plan covers them.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

Condition	Page	Condition	Page
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	12
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	12, 13
ANXIETY/DEPRESSION/ BIPOLAR DISORDER	6	HORMONAL AGENTS	13
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	13, 14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFERTILITY	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	14
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	7	OSTEOPOROSIS PRODUCTS	15
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	15
CONTRACEPTION PRODUCTS	8-10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15, 16
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	16
DENTAL PRODUCTS	10	SKIN CONDITIONS	16, 17
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	11, 12	SMOKING CESSATION	17
EAR MEDICATIONS	12	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	12	URINARY TRACT CONDITIONS	17
EYE CONDITIONS	12	VACCINES	17, 18
		VITAMINS	18
		WEIGHT MANAGEMENT	18

Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ALLERGY/NASAL SPRAYS

azelastine azelastine- fluticasone cromolyn oral concentrate desloratadine^ (QL) fluticasone^ hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine^ mometasone^ (QL) olopatadine promethazine solution, syrup, tablet		BECONASE AQ GASTROCROM GRASTEK (PA, QL) ODACTRA (PA, QL) OMNARIS ORALAIR (PA, QL) QNASL QNASL CHILDREN PATANASE RAGWITEK (PA, QL) XHANCE VISTARIL ZETONNA
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ALZHEIMER'S DISEASE

donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine		ARICEPT EXELON MESTINON NAMENDA NAMENDA XR (QL) NAMZARIC (QL)
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ANXIETY/DEPRESSION/BIPOLAR DISORDER²

alprazolam alprazolam er alprazolam intensol alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone citalopram (QL) clomipramine duloxetine (QL)		DESVENLAFAXINE ER (QL,ST) EMSAM (QL) FETZIMA (QL, ST) DESVENLAFAXINE ER (QL,ST) TRINTELLIX (QL, ST) WELLBUTRIN SR (QL, ST) XANAX XANAX XR
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER² (cont.)

escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine er (QL)		
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ASTHMA/COPD/RESPIRATORY

albuterol ALBUTEROL HFA (QL) budesonide (QL) budesonide- formoterol (QL) fluticasone- salmeterol (QL) ipratropium- albuterol montelukast wixela inhub (QL)	ALVESCO ANORO ELLIPTA (QL) ASMANEX (QL) ATROVENT HFA (QL) ASMANEX HFA (QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) INCRUSE ELLIPTA QVAR REDHALER SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TRELEGY ELLIPTA (QL)	AIRDUO DIGIHALER (QL,ST) BUDESONIDE- FORMOTEROL (QL) DALIRESP (QL) PULMICORT (QL) SINGULAIR
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ATTENTION DEFICIT HYPERACTIVITY DISORDER²

amphetamine (PA) atomoxetine (QL) dextro- amphetamine amphetamine (PA)		ADDERALL (PA,ST) DAYTRANA (PA, QL) FOCALIN (PA,ST) METHYLIN (PA)
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER² (cont.)

dextro-amphetamine amphetamine er (PA, QL) guanfacine er methylphenidate (PA,QL) methylphenidate er (la) (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL)		QUILLIVANT XR (PA, QL) RITALIN (PA,ST)
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BLOOD MODIFIERS/BLEEDING DISORDERS

	DROXIA	SIKLOS (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

amiodarone tablet amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR DOFETILIDE (QL)	CORLANOR (PA) ENTRESTO (QL) NORLIQVA (PA,QL) VERQUVO (PA,QL)	ADALAT BIDIL (QL) CALAN SR CARDIZEM LA (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 EPANED MINIPRESS NITROSTAT NORVASC pacerone (PA) PACERONE 100 MG, 400 MG (PA) PROCARDIA XL SOTYLIZE TIAZAC TIKOSYN (PA, QL) VERELAN VERELAN PM
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont.)

doxazosin enalapril flecainide hydralazine tablet irbesartan irbesartan-hctz labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol tablet metyrosine (PA) nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil tablet verapamil er verapamil er pm verapamil sr		
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BLOOD THINNERS/ANTI-CLOTTING

clopidogrel jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	PLAVIX SAVAYSA (PA, QL)
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CANCER

anastrozole+ exemestane+ hydroxyurea letrozole mercaptopurine methotrexate tamoxifen+	GLEOSTINE	ARIMIDEX AROMASIN XATMEP
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CHOLESTEROL MEDICATIONS

amlodipine- atorvastatin (QL) atorvastatin 10mg, 20mg tablet+ colesevelam ezetimibe ezetimibe- simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin 20mg, 40mg tablet+ omega-3 acid ethyl esters pravastatin+ rosuvastatin (QL) rosuvastatin 5mg, 10mg tablet+ (QL) simvastatin 80mg (QL) simvastatin 10mg, 20mg, 40mg+	REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET TRICOR (ST) TRILIPIX (ST) ZETIA
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CONTRACEPTION PRODUCTS

afirmelle+ aftera+ altavera+ alyacen+ amethia+ amethyst+ apri+ aranelle+ ashlyna+ aubra+ aubra eq+ aurovela+ aurovela fe+ aurovela 24 fe+	LO LOESTRIN FE	ANNOVERA BEYAZ ELLA+ layolis fe+ LOESTRIN FE MINASTRIN 24 FE NEXTSTELLIS NUVARING SAFYRAL TYBLUME VCF+ YASMIN 28 YAZ
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont.)

aviane+ ayuna+ azurette+ balziva+ blisovi fe+ blisovi 24 fe+ briellyn+ camila+ camrese+ camrese lo+ CAYA CONTOURED+ caziant+ charlotte 24 fe+ chateal+ chateal eq+ cryselle+ cyred+ cyred eq+ dasetta+ daysee+ deblitane+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol-ethinyl estradiol+ dolishale+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ elimest+ eluryng+ enpresse+ enskyce+ errin+ estarylla+ ethynodiol-ethinyl estradiol+ etonogestrel- ethinyl estradiol+ falmina+ femcap+ gemmily+ hailey+ hailey fe+ hailey 24 fe+		
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont.)

heather+		
iclevia+		
incassia+		
isibloom+		
jaimiess+		
jasmiel+		
jencycla+		
jolessa+		
juleber+		
junel+		
junel fe+		
junel fe 24+		
kaitlib fe+		
kalliga+		
kariva+		
kelnor 1-35+		
kelnor 1-50+		
kurvelo+		
larin+		
larin fe+		
larin 24 fe+		
leena+		
lessina+		
levonest+		
levonorgestrel- ethinyl estradiol+		
levora+		
lojaimiess+		
loryna+		
low-ogestrel+		
lo-zumandimine+		
luteru+		
lyleq+		
lyza+		
marlissa+		
medroxy- progesterone+		
merzee+		
microgestin+		
microgestin 24 fe+		
mili+		
mono-lynyah+		
necon+		
nikki+		
nora-be+		
norethindrone+		
norethindrone- ethinyl estradiol- iron+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont.)

norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol- ferrous fumarate		
norgestimate- ethinyl estradiol+		
nortrel+		
nylia+		
nymyo+		
ocella+		
philith+		
pimtrea+		
pirmella+		
portia+		
reclipsen+		
rivelsa+		
setlakin+		
sharobel+		
simliya+		
simpesse+		
sprintec+		
sronyx+		
syeda+		
tarina fe+		
tarina fe 1-20 eq+		
tarina 24 fe+		
taysofy+		
tilia fe+		
tri femynor+		
tri-estarylla+		
tri-legest fe+		
tri-lynyah+		
tri-lo-estarylla+		
tri-lo-marzia+		
tri-lo-mili+		
tri-lo-sprintec+		
tri-mili+		
tri-nymyo+		
tri-sprintec+		
trivora+		
tri-vylibra lo+		
tri-vylibra+		
tulana+		
tydemy+		
velivet+		
vestura+		
vienva+		

Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont.)

viorele+ volnea+ vyfemla+ vylibra+ wera+ wide seal diaphragm+ wymzya fe+ xulane+ zafemy+ zovia 1-35+ zumandimine+		
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COUGH/COLD MEDICATIONS

brompheniramine- pseudoephedrine -dm hydrocodone- chlorpheniramine er (PA) promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA, QL) TUZISTRA XR (PA, QL)
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DENTAL PRODUCTS

chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth, 5000 plus triamcinolone acetoneide		CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF JUST RIGHT 5000 PERIDEX PREVIDENT 5000 DRY MOUTH ULTIGUARD SAFEPAK- INSULIN SYR
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DIABETES

ACCU-CHEK FASTCLIX LANCING DEV ACCU-CHEK SOFTCLIX ADVOCATE SYRINGES ACCU-CHEK LANCETS	BAQSIMI (QL) BASAGLAR (QL) BYDUREON BCISE (PA, QL) BYETTA (PA, QL) DEXCOM G6 RECEIVER, SENSOR, TRANSMITTER (PA, QL)	CEQUR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont.)

ACCU-CHEK LANCETS GUIDE ME GLUCOSE MTR, MONITOR SYSTEM ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTRL ASSURE ID INSULIN SAFETY AUTOSHIELD PEN NEEDLE BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CARETOUCH INSULIN SYRINGE CEQUR SIMPLICITY INSERTER COMFORT EZ INSULIN SYRINGE CONTOUR CONTOUR NEXT CONTOUR NEXT EZ CONTOUR NEXT GEN/ONE CONTOUR SOLUTIN DROPLET LANCING DEVICE DROPSAFE EASY COMFORT INSULIN SYRINGE EASY GLIDE INSULIN SYRINGE EASY TOUCH FLIPLOCK INSULIN, INSULIN SAFETY, INSULIN SYRINGE, LUER LOCK INSULIN, SHEATHLOCK INSULIN, UNI-SLIP, INSULIN SYRINGE FREESTYLE FREEDOM LITE	FARXIGA (QL, ST) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLYXAMBI (QL, ST) HUMALOG (QL) HUMULIN (QL) HUMULIN R INSULIN LISPRO (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LYUMJEV MOUNJARO (PA, QL) OMNIPOD CLASSIC PDM, PODS (GEN 3) (QL) OMNIPOD DASH INTRO KIT, PODS (GEN 4) (QL) OMIPOD 5 G6 INTRO KIT, PODS (GEN 5) (QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, QL) SOLIQUA 100-33 SYMPLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA, QL) V-GO 20 V-GO 30 V-GO 40 XIGDUO XR (QL, ST)	PRECISION XTRA KETONE-GLUC KIT RIOMET ULTIGUARD SAFEPAK- INSULIN SYR UNIFINE SAFECONTROL
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont.)

FREESTYLE LITE METER	XULTOPHY	
glimepiride	ZEGALOGUE (QL)	
glipizide		
glipizide er		
glipizide xl		
GLUCOCARD		
SHINE CONNEX, EXPRESS, XL		
GUARDIAN RT CHARGER		
GUARDIAN TEST PLUG		
HEALTHWISE INSULIN SYRINGE		
INPEN		
INSULIN SYRINGE		
LITETOUCH INSULIN SYRINGE		
MAGELLAN INSULIN SYRINGE, SAFETY SYRINGE		
MAXI-COMFORT		
MAXICOMFORT INSULIN SYRINGE		
metformin		
metformin er		
MICROLET NEXT LANCING DEVICE		
MULTI-LANCET		
MONOJECT		
MONOJECT INSULIN SAFETY SYRNG		
MONOJECT INSULIN SYRINGE		
NANO PEN NEEDLE		
ONETOUCH ULTRA2		
ONETOUCH ULTRAMINI		
ONETOUCH VERIO FLEX, REFLECT, METER		
PARADIGM		
POGO AUTOMATIC BLOOD GLUC SYS		
PRO COMFORT INSULIN SYRINGE		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont.)

PRODIGY INSULIN SYRINGE		
SAFETYGLIDE SYRINGE, INSULIN SYRINGE		
SURE COMFORT		
SURE COMFORT INSULIN SYRINGE		
TOPCARE ULTRA COMFORT		
TRUE COMFORT INSULIN SYRINGE		
TRUE COMFORT PRO INS SYRINGE		
TRU METRIX AIR GLUCOS METER		
TRU METRIX BLOOD GLUCOSE MTR		
TRUE METRIX CONTROL		
SOULTION		
TRUEPLUS SYRINGE		
ULTICARE		
ULTICARE INSULIN SYRINGE		
ULTRA COMFORT		
ULTRA FLO INSULIN SYRINGE		
ULTRA-FINE PEN NEEDLES		
ULTRA-THIN II		
ULTRACARE INSULIN SYRINGE		
VANISHPOINT INSULIN SYRINGE		
VEO INSULIN SYRINGE		

DIURETICS

acetazolamide tablet	CAROSPIR (PA)	TRIAMTERENE- HCTZ
acetazolamide er capsule	KERENDIA (PA, QL)	DIURIL
bumetanide tablet		MAXZIDE
chlorthalidone		
eplerenone		
furosemide solution, tablet		

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Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIURETICS (cont.)

hydrochloro-
thiazide
spironolactone
triamterene-hctz

EAR MEDICATIONS

ciprofloxacin-
dexamethasone
neomycin-
polymyxin
b-hydrocortisone
ofloxacin

CIPRODEX
CIPROFLOXACIN-
FLUOCINOLONE
CIPRO HC
CORTISPORIN-TC
DERMOTIC
OTOVEL

ERECTILE DYSFUNCTION

sildenafil^ (QL)
tadalafil^ (QL)
vardenafil^ (QL)

CIALIS^ (QL, ST)
MUSE^ (PA, AGE,
QL)
STENDRA^ (QL, ST)
VIAGRA^ (QL, ST)

EYE CONDITIONS

bimatoprost (QL)
brimonidine
brinzolamide
cyclosporine
bepotastine^
brimonidine
tartrate-timolol
difluprednate
dorzolamide-
timolol
erythromycin
fluorometholone
ketorolac
latanoprost
loteprednol
moxifloxacin eye
drops
neomycin-
polymyxin
b-dexamethasone
ofloxacin
polymyxin
b sulfate-
trimethoprim
prednisolone
timolol
tobramycin
tobramycin-
dexamethasone
travoprost

AZASITE
BESIVANCE
BETOPTIC S
BROMSITE
CEQUA
EYSUVIS (QL)
FLAREX
INVELTYS
LOTEMAX 0.5% EYE
OINTMENT
LOTEMAX SM
SIMBRINZA
TOBRADEX ST
XIIDRA

ACUVAIL
ALREX
BEPREVE
FML LIQUIFILM
0.1% EYE DROP
FML S.O.P. 0.1%
OINTMENT
ILEVRO
NEVANAC
PROLENSA
RHOPRESSA
ROCKLATAN
TOBRADEX
ZERVATE
ZIRGAN
ZYLET

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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FEMININE PRODUCTS

GYNAZOLE 1
miconazole 3 200
mg
terconazole

GASTROINTESTINAL/HEARTBURN

ANUCORT-HC
balsalazide
constulose
dexlansoprazole
dr^ (QL)
dicyclomine
capsule, solution,
tablet
dronabinol
esomeprazole
20 mg capsule,
40 mg capsule,
packets^ (QL)
famotidine
40 mg/5 ml
suspension
GAVILYTE-C+
GAVILYTE-G+
GENTLE LAXATIVE
TABLET+
glycopyrrolate
HEMMOREX-HC
hydrocortisone
lactulose
lansoprazole^ (QL)
lubiprostone
mesalamine
mesalamine dr
mesalamine er
metoclopramide
solution, tablet
misoprostol
omeprazole^ (QL)
ondansetron
ondansetron odt
pantoprazole ^
(QL)
peg 3350-
electrolyte+
peg3350-sodium
sulfate-sodium
chloride-
potassium
chloride-sodium
ascorbate-
ascorbic acid+

CLENPIQ+
LINZESS
PANCREAZE
SUTAB+
TRULANCE
VIBERZI

APRISO
BONJESTA
CANASA
CARAFATE
CUVPOSA
CYTOTEC
DEXILANT (QL)
DICLEGIS
LEVIBID ER
LEVSIN 0.125 MG
TABLET
LEVSIN-SL
LITHOSTAT
MOTOFEN
MOVANTIK (PA)
NEXIUM (QL)
NEXIUM DR 2.5, 5
MG PACKET (QL)
NULEV
RECTIV
RELISTOR (PA)
SALIVAMAX
SANCUSO (PA, QL)
SFROWASA
SYMPROIC (PA)
TRANSDERM-SCOP
URSO
URSO FORTE
VARUBI (PA, QL)
VIOKACE
VOWST* (PA, QL)

Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont.)

PEG-PREP+ prochlorperazine tablet promethazine promethegan rabeprazole tablet^ (QL) scopolamine sucralfate		
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HORMONAL AGENTS

AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) CABERGOLINE (QL) desmopressin dexamethasone intensol DOTTI (QL) estradiol (QL) LEVOXYL millipred prednisolone prednisolone sodium phos odt prednisolone sodium phosphate	DUAVEE COMBIPATCH ESTROGEL (QL) MYFEMBREE (PA, QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CRINONE 4% GEL (PA) CYTOMEL DEPO- TESTOSTERONE ESTRACE ESTRING (QL) EVAMIST EVAMIST INTRAROSA (QL) MEDROL MENOSTAR (QL) OSPHENA (QL) PROMETRIUM RAYALDEE UNITHROID
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INFECTIONS

acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate er amoxicillin- clavulanate atovaquone atovaquone- proguanil	EURAX 10% CREAM FIRVANQ LAGEVRIO (EUA) (QL) PAXLOVID (QL) XIFAXAN (QL)	AEMCOLO (QL) ALINIA ANCOBON BACTRIM BACTRIM DS BAXDELA (PA) CIPRO CLEOCIN PEDIATRIC E.E.S. 400 ELIMITE ERYPED 200
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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INFECTIONS (cont.)

azithromycin packet, suspension, tablet cefadroxil cefdinir cefepodoxime cefuroxime tablets cephalexin ciprofloxacin clarithromycin clarithromycin er clindamycin clindamycin (pediatric) coremino (QL) coremino er (QL) dapson doxycycline monohydrate EMVERM erythromycin erythromycin ethylsuccinate famciclovir fluconazole flucytosine fosfomycin tromethamine hydroxy- chloroquine itraconazole levofloxacin solution, tablet methenamine metronidazole gel, capsule, tablet minocycline (QL) minocycline er tablet (QL) mondoxylene nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate- macrocrystal nystatin suspension, tablet		ERY-TAB DR EURAX 10% LOTION FLAGYL HIPREX MACROBID MACRODANTIN MALARONE (PA) MONUROL NATROBA PLAQUENIL (PA) POSACONAZOLE SUSPENSION SIVEXTRO (PA) SKLICE SULFATRIM TAMIFLU (QL) URIBEL VALTREX VFEND SUSPENSION, TABLET (PA) XENLETA 600MG TABLET (PA, QL) XOFLUZA (QL) ZITHROMAX ZITHROMAX TRI- PAK ZYVOX SUSPENSION, TABLET (PA)
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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INFECTIONS (cont.)

oseltamivir (QL)		
penicillin v		
potassium		
permethrin 5% cream		
posaconazole tablet		
sulfamethoxazole- trimethoprim suspension, tablet		
terbinafine		
tetracycline		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		
voriconazole suspension, tablet (PA)		

INFERTILITY

clomiphene ^	ENDOMETRIN^ CRINONE 8% GEL^ (PA)	
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MISCELLANEOUS

acamprosate	ACE AEROSOL	ADDYI^ (PA, QL)
ACCU-CHEK	CLOUD	HYPER-SAL
AIMSCO+ (QL)	ENHANCER (QL)	NUEDEXTA (QL)
CONDOMS+ (QL)	AEROCHAMBER	PRO COMFORT
DROPLET LANCETS	MINI (QL)	SPACER WITH
DUREX AVANTI	AEROTRACH PLUS	MASK (QL)
BARE REAL FEEL+ (QL)	(QL)	
FANTASY+ (QL)	AEROVENT PLUS	
FORA GTEL KETONE	(QL)	
TEST STRIP	BREATHRITE (QL)	
GOJJI BLOOD TEST	CLEVER CHOICE	
STRIP	HOLDING	
KIMONO MAXX+ (QL)	CHAMBER (QL)	
KIMONO	EASIVENT (QL)	
MICROTHIN AQUA	FLEXICHAMBER	
LUBE+ (QL)	(QL)	
KIMONO	MICROCHAMBER	
MICROTHIN+ (QL)	(QL)	
KIMONO	MICROSPACER (QL)	
TEXTURED+ (QL)	OPTICHAMBER	
KIMONO+	DIAMOND (QL)	
(QL)	POCKET CHAMBER	
	(QL)	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MISCELLANEOUS (cont.)

NOVAMAX PLUS	PROCARE SPACER	
ONETOUCH	WITH CHILD MASK	
LANCETS	(QL)	
POGO AUTOMATIC	RITEFLO (QL)	
TEST CARTRIDGE	SPACE CHAMBER	
PRECISION XTRA	(QL)	
sodium chloride	SPACE CHAMBER-	
inhalation vial,	MEDIUM MASK	
irrigation solution,	(QL)	
vial	SPACE CHAMBER-	
TECHLITE LANCETS	SMALL MASK (QL)	
TRUEPLUS KETONE	VORTEX (QL)	
TEST STRIP		
TRUSTEX/LATEX		
CONDOM+ (QL)		
TRUSTEX+ (QL)		
TRUSTEX-RIA+ (QL)		

NUTRITIONAL/DIETARY

calcitriol capsule, solution^	DRISDOL^	ACCRUFER^
cyanocobalamin	FLORIVA	AURYXIA (QL)
injection	CHEWABLE	CITRANATAL 90
dodex	TABLET+	DHA
fluoride+^	LOKELMA	CITRANATAL
folic acid 1mg	NEEVO DHA^	ASSURE
tablet^	OB COMPLETE	CITRANATAL
folic acid capsule,	PREMIER	B-CALM
tablet+	OB COMPLETE	CITRANATAL
folitab 500+	PREMIER	BLOOM TABLET^
klor-con	POLY-VI-FLOR WITH	CITRANATAL DHA
KLOR-CON 8 MEQ	IRON+	CITRANATAL
TABLET	POLY-VI-FLOR+	HARMONY
KLOR-CON 10 MEQ	PRENATE^	K-TAB ER
TABLET	QUFLORA	MEPHYTON^
lanthanum	PEDIATRIC 1	MULTI-VIT-FLOR+
potassium chloride	MG CHEWABLE	OB COMPLETE^
10%, capsule,	TABLET+	PRENATE
packet, tablet	MONOFERRIC	PRIMACARE
sevelamer	QUFLORA	ROCALTROL^
sevelamer	PEDIATRIC 0.25	
carbonate	MG/ML DROP+	
taron-prex	QUFLORA	
prenatal^	PEDIATRIC 0.5 MG/	
vitamin d2 1.25 mg	ML DROP+	
(50,000 unit)^	TRI-VI-FLOR+	
VITAMINS A,C,D	VELTASSA	
AND FLUORIDE+	VELPHORO	

Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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OSTEOPOROSIS PRODUCTS

alendronate ibandronate 150 mg tablet raloxifene + risedronate risedronate dr	FOSAMAX PLUS D (ST)	ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FOSAMAX (ST)
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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine diclofenac 1% gel, tablet (QL) diclofenac dr (QL) diclofenac ec (QL) EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) fentanyl patch (PA) frovatriptan (QL) GLYDO hydrocodone- acetaminophen (PA) hydromorphone (PA) hydromorphone er (PA) IBU ibuprofen indomethacin indomethacin e ketorolac tromethamine (QL) leflunomide	AIMOVIG (PA) AJOVY (PA) BELBUCA (QL) EMGALITY (PA) HYSINGLA ER (PA) MITIGARE NURTEC ODT (PA, QL) OTREXUP (PA) QULIPTA (PA,QL) RASUVO (PA) REDITREX (PA) TRUDHESA (PA, QL) UBRELVY (PA, QL) XTAMPZA ER (PA) ZTLIDO	ANALPRAM HC ARAVA BONIVA (ST) BUTRANS (QL) CELEBREX (QL, ST) EC-NAPROSYN (ST) FEXMID NAPROSYN (ST) NUCYNTA (PA) NUCYNTA ER (PA) OXAYDO (PA) PERCOCET (PA) PROCORT PROCTOFOAM-HC ROXYBOND (PA) SAVELLA ZANAFLEX ZEBUTAL (QL) ZOHYDRO ER (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

lidocaine patch, ointment, solution (QL) lidocaine- prilocaine meloxicam tablet metaxalone morphine (PA) morphine er (PA) nabumetone NALOCET (PA) oxycodone (PA) oxycodone er (PA) oxycodone- acetaminophen (PA) PROLATE TABLET (PA) rizatriptan (QL) sumatriptan (QL) sumatriptan succ- naproxen sod (QL) tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM		
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PARKINSON'S DISEASE

benztropine tablet carbidopa- levodopa carbidopa- levodopa er pramipexole (QL) pramipexole er (QL) rasagiline (QL) ropinirole er ropinirole		AZILECT (QL) MIRAPEX ER (QL) NEUPRO OSMOLEX ER (QL) RYTARY SINEMET 10-100 SINEMET 25-100 TASMAR XADAGO (ST)
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SCHIZOPHRENIA/ANTI-PSYCHOTICS²

aripiprazole (QL) aripiprazole odt asenapine chlorpromazine tablet clozapine clozapine odt olanzapine tablet	ABILIFY MAINTENA ARISTADA ARISTADA INITIO INVEGA SUSTENNA INVEGA TRINZA PERSERIS (QL) REXULTI (QL, ST)	CAPLYTA (QL,ST) CLOZARIL (ST) FANAPT (QL, ST) INVEGA (QL, ST) INVEGA HAFYERA RISPERDAL (ST) SAPHRIS (ST) SECUADO (ST)
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SCHIZOPHRENIA/ANTI-PSYCHOTICS² (cont.)

olanzapine odt paliperidone er (QL) quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet	RISPERDAL CONSTA ZYPREXA RELPREVV	SEROQUEL (ST) SEROQUEL XR (ST) VRAYLAR (QL, ST)
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SEIZURE DISORDERS

carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lacosamide lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin capsule, solution ROWEEPRA rufinamide (PA, QL) SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE) topiramate topiramate er	FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT	APTIOM (PA, QL) BANZEL (PA, QL) BRIVIACT (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DIASTAT (PA) KLONOPIN (PA) LYRICA ORAL SOLUTION (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) XCOPRI (PA, QL)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS

ACCUTANE adapalene (PA, AGE) adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER azelaic acid azelaic acid betamethasone augmented betamethasone diprop augmented betamethasone dipropionate BP 10-1 calcipotriene cream, ointment, solution calcipotriene-betamethasone CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEDGETS clindamycin 1% foam, gel, lotion, pledget, solution clindamycin-benzoyl peroxide clindamycin-tretinoin clobetasol CLOCORTOLONE PIVALATE CLODAN clotrimazole-betamethasone dapsone gel DROPSAFE PREP PADS fluorouracil cream, topical solution isotretinoin	EUCRISA (ST)	ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS BRYHALI (ST) calcipotriene foam CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT CLINDACIN PAC KIT CLODERM (ST) DESOWEN (ST) DRYSOL EFUDEX ELIDEL EVOCLIN NAFTIN OPZELURA (PA) PLEXION CLEANER, CLEANSING CLOTH, CREAM, LOTION PICATO PRAMOSONE REGRANEX (PA, QL) SANTYL (QL) SOOLANTRA (PA) TEMOVATE (ST) TWYNEO XENLETA 600 MG TABLET (PA, QL) XEPI
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I9-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont.)

ketoconazole KETODAN metronidazole MYORISAN NEUAC GEL pimecrolimus ROSDAN sodium sulfacetamide- sulfur SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tazarotene 0.1% cream tretinoin (PA, AGE) TRIDERM ZENATANE		
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SLEEP DISORDERS/SEDATIVES

armodafinil (PA) doxepin hcl (QL) eszopiclone MODAFINIL (PA) temazepam zolpidem zolpidem tartrate er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	
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SMOKING CESSATION²

bupropion sr 150 mg tablet+^ varenicline start month box+^		APO-VARENICLINE^ NICODERM CQ+ NICORETTE+ NICOTROL/NS+^ VARENICLINE^
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SUBSTANCE ABUSE

buprenorphine- naloxone naltrexone hcl (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE ZIMHI (QL)
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URINARY TRACT CONDITIONS

alfuzosin er cevimeline finasteride oxybutynin oxybutynin er phenazopyridine potassium er		ELMIRON FLOMAX K-PHOS ORIGINAL PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS (cont.)

silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL) trospium trospium er		UROXATRAL
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VACCINES

Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

	BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAIXA+ DIPHTHERIA- TETANUS TOXOIDS-PED+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ NOVAVAX COVID-19 VACC, ADJ (EUA)+ PEDIARIX+ PELVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (6M- 4Y) VACC (EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP- IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL)	QUADRACEL DTAP- IPV SYRINGE+
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Cigna Healthcare Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES *(cont.)*

Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

	SPIKEVAX COVID (18Y UP) VACC+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	
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VITAMINS

	POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+	
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WEIGHT MANAGEMENT

megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)
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Specialty medications

Specialty medications are used to treat complex medical conditions. They're typically injected or infused and may need special handling (like refrigeration). Medications are listed alphabetically by the condition they treat. Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

AIDS/HIV

abacavir-lamivudine** (PA)
APRETUDE*+ (PA)
atazanavir** (PA)
ATRIPLA** (PA)
BIKTARVY** (QL)
CABENUVA*^ (PA)
CIMDUO** (PA)
COMPLERA** (PA, QL)
DELSTRIGO** (PA, QL)
DESCOVY 200-25 MG TABLET**+ (PA)
DOVATO**
efavirenz-emtricitabine-tenofovir disoproxil fumarate** (QL)
emtricitabine-tenofovir 200-300 mg**+
etravirine**
EVOTAZ** (PA)
GENVOYA** (QL)
INTELENCE** (PA)
ISENTRESS**
ISENTRESS HD** (PA)
JULUCA** (QL)
ODEFSEY** (PA, QL)
PREZCOBIX** (PA)
PREZISTA**
ritonavir**
RUKOBIA** (PA, QL)
SELZENTRY** (PA)
STRIBILD** (PA, QL)
SYMFI**
SYMFI LO**
SYMTUZA** (QL)

TEMIXYS** (PA)
tenofovir** (PA)
TIVICAY**
TRIUMEQ** (QL)
TRIUMEQ PD** (QL)
VIREAD** (PA)

Asthma/COPD/Respiratory

ADCIRCA** (PA)
ADEMPAS** (PA)
alyq** (PA)
ARALAST NP*
BRONCHITOL** (PA)
FASENRA* (PA)
FASENRA PEN* (PA)
GLASSIA*
KALYDECO** (PA, QL)
LETAIRIS** (PA)
NUCALA* (PA)
OFEV** (PA)
OPSUMIT** (PA)
ORENITRAM ER** (PA)
ORKAMBI** (PA, QL)
PROLASTIN C*
PULMOZYME** (PA)
REVATIO** (PA)
SYMDEKO** (PA, QL)
tadalafil 20mg tablet** (PA)
TEZSPIRE* (PA)
TRACLEER** (PA)
TYVASO** (PA)
TYVASO REFILL KIT** (PA)
UPTRAVI** (PA)
XOLAIR* (PA)

Blood Modifiers/ Bleeding Disorders

ADVATE*^ (PA)
ADYNOVATE*^ (PA)
AFSTYLA*^ (PA)
AMICAR**
aminocaproic acid 0.25 gram/ml, tablets**
ARANESP*^ (PA)
CABLIVI*^ (PA)
DOPTELET* (PA)
ELOCTATE*^ (PA)
EMPAVELI* (PA)
EPOGEN*^ (PA)
ESPEROCT*^ (PA)
FULPHILA* (PA)
GRANIX*^ (PA)
HEMLIBRA* (PA)
JIVI*^ (PA)
KOGENATE FS*^ (PA)
KOVALTRY*^ (PA)
LYSTEDA**
MIRCERA*^ (PA)
NEULASTA*^ (PA)
NEULASTA ONPRO*^ (PA)
NEUPOGEN*^ (PA)
NIVESTYM*^
NOVOEIGHT*^ (PA)
NUWIQ*^ (PA)
NYVEPRIA* (PA)
PROCRIT*^ (PA)
PROMACTA** (PA)
RECOMBINATE*^ (PA)
RETACRIT*^ (PA)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Blood Modifiers/ Bleeding Disorders (Cont.)

SOLIRIS* (PA)
TAVALISSE** (PA)
tranexamic acid**
UDENYCA*^ (PA)
ULTOMIRIS* (PA)
XYNTHA*^ (PA)
XYNTHA SOLOFUSE*^ (PA)
ZARXIO*^
ZIENTENZO* (PA)

Blood Pressure/ Heart Conditions

CORLANOR** (PA)
HAEGARDA* (PA)
KALBITOR*^ (PA)
NORTHERA** (PA)
ORLADEYO* (PA, QL)
RELEUKO*^ (PA)
RUCONEST*^ (PA)
SAJAZIR* (PA)
TAKHZYRO* (PA)

Blood Thinners/ Anti-Clotting

ARIXTRA* (QL)
enoxaparin* (QL)
fondaparinux* (QL)
FRAGMIN* (QL)
LOVENOX* (QL)

Cancer

abiraterone** (PA)
ACTIMMUNE* (PA)
AFINITOR** (PA)

AFINITOR DISPERZ** (PA)
ALECENSA** (PA, QL)
ALUNBRIG** (PA, QL)
AYVAKIT** (PA, QL)
bexarotene** (PA)
BOSULIF** (PA, QL)
BRUKINSA** (PA, QL)
CABOMETYX** (PA)
CALQUENCE* (PA)
capecitabine** (PA)
COMETRIQ** (PA, QL)
COTELLIC** (PA)
ELIGARD*
ERIVEDGE** (PA)
ERLEADA** (PA)
everolimus** (PA, QL)
EXKIVITY** (PA)
GAVRETO** (PA, QL)
IBRANCE** (PA, QL)
ICLUSIG** (PA, QL)
imatinib** (QL)
IMBRUVICA** (PA, QL)
INLYTA** (PA)
JAKAFI** (PA, QL)
KANJINTI*
KISQALI** (PA)
KISQALI FEMARA CO-PACK** (PA)
lenalidomide** (PA, QL)
LENVIMA** (PA)
LONSURF** (PA)
LORBRENA** (PA, QL)
LUMAKRAS** (PA, QL)
LYNPARZA** (PA, QL)
MEKINIST** (PA, QL)
MEKTOVI** (PA, QL)
MVASI* (PA)
NERLYNX** (PA)

NEXAVAR** (PA, QL)
NINLARO** (PA, QL)
NUBEQA** (PA)
ODOMZO** (PA)
OGIVRI*
ONTRUZANT*
ORGOVYX** (PA)
PHESGO*^ (PA)
PIQRAY** (PA)
POMALYST** (PA, QL)
PURIXAN**
RETEVMO** (PA, QL)
REVLIMID** (PA, QL)
RIABNI*
ROZLYTREK** (PA)
RUBRACA** (PA, QL)
RUXIENCE*
SPRYCEL** (PA, QL)
STIVARGA** (PA, QL)
SUTENT** (PA, QL)
TAFINLAR** (PA, QL)
TAGRISSO** (PA)
TALZENNA** (PA, QL)
TASIGNA** (PA, QL)
TEMODAR** (PA)
temozolomide** (PA)
TIBSOVO** (PA)
TRAZIMERA*
TYKERB** (PA)
UKONIQ** (PA, QL)
VENCLEXTA** (PA)
VERZENIO** (PA)
VITRAKVI** (PA)
VIZIMPRO** (PA)
VOTRIENT** (PA)
WELIREG** (PA, QL)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Cancer (Cont.)

XALKORI** (PA, QL)
XELODA** (PA)
XTANDI** (PA)
ZEJULA** (PA, QL)
ZELBORAF** (PA)
ZIRABEV*

Contraceptive Products

KYLEENA**+
MIRENA**+
SKYLA**+

Diabetes

KORLYM** (PA)

Diuretics

JYNARQUE** (PA)
SAMSCA**

Eye Conditions

CYSTARAN** (PA, QL)
LUCENTIS** (PA)
OXERVATE** (PA)

Gastrointestinal/Heartburn

CHOLBAM** (PA)
cinacalcet**
ENTYVIO** (PA)
GATTEX* (PA)
OCALIVA** (PA)
RAVICTI** (PA)
SUCRAID** (PA)
XERMELO** (PA)

Hormonal Agents

ACTHAR*
BYNFEZIA* (PA)

CETROTIDE** (PA)
CORTROPHIN*
EGRIFTA* (PA)
EMFLAZA** (PA)
FENSOLVI** (PA)
FORTEO* (PA, QL)
FYREMADEL** (PA)
GANIRELIX^
GANIRELIX ACETATE** (PA)
GENOTROPIN* (PA)
INCRELEX* (PA)
LANREOTIDE** (PA)
LUPANETA PACK*** (PA)
LUPRON DEPOT** (PA)
LUPRON DEPOT-PED** (PA)
NATPARA* (PA)
OMNITROPE* (PA)
SANDOSTATIN** (PA)
SANDOSTATIN LAR DEPOT** (PA)
SEROSTIM* (PA)
SIGNIFOR LAR* (PA)
SKYTROFA* (PA, QL)
SOMATULINE DEPOT** (PA)
SOMAVERT* (PA)
SUPPRELIN LA**
teriparatide* (PA, QL)
TRIPTODUR*
ZORBTIVE* (PA)

Infections

ARIKAYCE** (PA)
BARACLUDE SOLUTION**
CAYSTON** (PA, QL)
DARAPRIM** (PA)
DIFICID* (QL)
entecavir** (QL)
EPCLUSA** (PA, QL)

HARVONI** (PA, QL)
KITABIS PAK** (PA, QL)
ledipasvir-sofosbuvir** (PA, QL)
LIVTENCITY** (PA, QL)
MAVYRET** (PA, QL)
NUZYRA** (PA, QL)
PEGASYS* (PA)
PREVYMIS**
ribavirin**
sofosbuvir-velpatasvir** (PA, QL)
SOVALDI** (PA, QL)
THALOMID** (PA)
TOBI PODHALER** (PA, QL)
tobramycin** (PA, QL)
VEMLIDY**
VIEKIRA PAK** (PA, QL)
VOSEVI** (PA, QL)
ZEPATIER** (PA, QL)

Infertility

chorionic gonadotropin** (PA)
FOLLISTIM AQ** (PA)
GONAL-F** (PA)
GONAL-F RFF** (PA)
GONAL F RFF REDI-JECT** (PA)
MAKENA* (PA)
MENOPUR** (PA)
NOVAREL** (PA)
OVIDREL** (PA)
PREGNYL** (PA)

Miscellaneous

AUSTEDO** (PA)
CERDELGA** (PA)
CEREZYME*
deferiprone** (PA)

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Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Miscellaneous (Cont.)

DYSPORT*
EMPAVELI* (PA)
ESBRIET** (PA)
EXJADE** (PA)
FERRIPROX** (PA)
GALAFOLD** (PA)
HIZENTRA*
INGREZZA** (PA, QL)
JADENU** (PA)
JADENU SPRINKLE** (PA)
KUVAN** (PA)
MYALEPT* (PA)
NITYR** (PA)
ORFADIN** (PA)
PALYNZIQ* (PA)
RADICAVA ORS* (PA)
sapropterin** (PA)
STRENSIQ* (PA)
TEGSEDI* (PA)
tetrabenazine** (PA)
TIGLUTIK** (PA)
trientine** (PA)
VOXZOGO* (PA)
VYLEESI*^ (PA, QL)

Multiple Sclerosis

AVONEX* (PA)
BAFIERTAM** (PA)
BETASERON (PA)
dimethyl fumarate**
FIRDAPSE** (PA, QL)
glatiramer*
GLATOPA*
KESIMPTA* (PA)
MAVENCLAD** (PA)

MAYZENT** (PA)
PLEGRIDY* (PA)
PONVORY** (PA)
REBIF* (PA)
REBIF REBIDOSE* (PA)
TECFIDERA** (PA)
VUMERITY** (PA)
ZEPOSIA** (PA)

Nutritional/Dietary

betaine anhydrous**

Osteoporosis Products

PROLIA* (PA)
TYMLOS* (PA, QL)

Pain Relief and Inflammatory Disease

ACTEMRA SYRINGE* (PA, QL)
ACTEMRA ACTPEN* (PA, QL)
ADALIMUMAB-ADAZ* (CF) (PA, QL)
ARCALYST (PA)
AVSOLA*^ (PA)
BENLYSTA* (PA)
CIMZIA* (PA, QL)
COSENTYX SENSOREADY PEN* (PA, QL)
COSENTYX SYRINGE* (PA, QL)
CYLTEZO* (PA, QL)
DEPEN** (PA)
DUROLANE*
DUPIXENT* (PA)
ENBREL* (PA, QL)
ENSPRYNG* (PA)
EUFLEXXA*
GEL-ONE*
GELSYN-3*

GENVISC 850*
HADLIMA/HADLIMA (CF)* (PA, QL)
HUMIRA* (PA, QL)
HYALGAN* (PA)
HYMOVIS*
HYRIMOZ* (PA, QL)
ILARIS*^ (PA)
ILUMYA* (PA, QL)
INFLECTRA*^ (PA)
INFLIXIMAB*^ (PA)
KEVZARA* (PA, QL)
MONOVISC*
OLUMIANT** (PA, QL)
ORENCIA* (PA, QL)
ORTHOVISC*
OTEZLA** (PA, QL)
penicillamine** (PA, QL)
REMICADE*^ (PA)
RENFLEXIS*
RINVOQ ER** (PA, QL)
SILIQ* (PA, QL)
SIMPONI IOOMG/ML* (PA, QL)
SIMPONI ARIA* (PA)
SKYRIZI* (PA, QL)
STELARA* (PA, QL)
SUPARTZ FX*
SYNVISC*
SYNVISC-ONE*
TALTZ* (PA, QL)
TREMFA* (PA, QL)
TRILURON* (PA)
TRIVISC* (PA)
VISCO-3*
XELJANZ** (PA, QL)
XELJANZ XR** (PA, QL)

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Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Parkinson's Disease

APOKYN* (PA)
DUOPA**
INBRIJA** (PA)
NOURIANZ** (PA, QL)

Seizure Disorders

EPIDIOLEX** (PA)
vigabatrin**
vigadrone**

Skin Conditions

ADBRY* (PA)
CIBINQO** (PA, QL)
TARGRETIN**
VALCHLOR**

Sleep Disorders/Sedatives

HETLIOZ** (PA)
WAKIX** (PA, QL)
XYREM** (PA, QL)
XYWAV* (PA, QL)

Substance Abuse

SUBLOCADE*

Transplant Medications

ASTAGRAF XL**
azathioprine tablet**
CELLCEPT**
ENVARUSUS XR**
IMURAN**
mycophenolate**
mycophenolic acid**
MYFORTIC**

PROGRAF**
RAPAMUNE**
REZUROCK** (PA)
sirolimus**
tacrolimus capsule**
ZORTRESS**

Urinary Tract Conditions

CYSTAGON**
THIOLA**
THIOLA EC**

Weight Management

IMCIVREE*^ (PA,QL)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Frequently Asked Questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. Why do you make changes to the drug list?

A. To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

- **Moving a medication to a lower cost tier.**
This can happen at any time during the year.
- **Moving a brand medication to a higher cost tier when a generic becomes available.**
This can happen at any time during the year.
- **Moving a medication to a higher cost tier and/or no longer covering a medication.**
This typically happens twice a year on January 1st and July 1st.
- **Adding extra coverage requirements to a medication.**

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

Q. Why doesn't my plan cover certain medications?

A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives. That's because these lower-cost options work the same as, or similar to, the non-covered medication. If you're taking a medication that isn't covered and your doctor feels a different medication isn't right for you, he or she can ask Cigna Healthcare to consider approving your medication through their coverage review process.

There are also certain medications and products that cannot be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through

their coverage review process. For example, your plan doesn't cover, or "excludes:"

- Prescription medications used to treat heartburn/stomach acid conditions (such as Nexium, Prilosec OTC and any generics) and allergies (such as Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- Medications used to treat lifestyle conditions such as infertility, erectile dysfunction and smoking cessation.³
- Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Q. Why do certain medications need approval before my plan will cover them?

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication

Frequently Asked Questions (FAQs) (cont.)

has a **(PA)** or **(ST)** next to it, your medication needs approval before your plan will cover it. If it has a **(QL)** next to it, you may need approval depending on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that are often:

- Taken in amounts larger than, or for longer than, may be appropriate
- Misused or abused

Q. What types of medications require Step Therapy?

A. High-cost medications that are used to treat many conditions, such as:

- | | |
|-----------------------|--------------------|
| • ADD/ADHD | • High cholesterol |
| • Allergies | • Osteoporosis |
| • Bladder problems | • Pain |
| • Breathing problems | • Skin conditions |
| • Depression | • Sleep disorders |
| • High blood pressure | |

Q. Why does my medication have an age requirement?

A. The FDA considers certain medication to only be clinically appropriate for people of a certain age or within a certain age range.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take

care of everything for you. In case the office asks, they can download a request form from Cigna Healthcare's provider portal at cignaforhcp.com.

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining why the medication should be covered.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs pre-approval from Cigna Healthcare. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna Healthcare to start the coverage review process. Or, you can choose to pay the medication's full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

Q. What happens if I try to fill a prescription that has a quantity limit?

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna Healthcare to request approval for the larger amount.

Frequently Asked Questions (FAQs) *(cont.)*

Q. Are all of the medications on this drug list approved by the FDA?

A. Yes.

Q. Does my plan cover medications that the FDA recently approved?

A. We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months from the date the FDA approved them to make a decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through their coverage review process.

Q. Which medications are covered under the health care reform law?

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**. For more information about health care reform, go to **www.informedonreform.com** or **CignaHealthcare.com**.

Q. What are preventive medications?

A. Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

Q. How can I find out how much I'll pay for a specific medication?

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna**

App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.⁴

Q. What's a cost-share?

A. It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

Q. How can I save money on my prescription medications?

A. Consider taking a medication that's covered on a lower tier (such as a generic or preferred brand medication) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to see if one of these options may work for you.

Q. What's a generic medication?

A. A generic medication is the same as the brand-name medication in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.⁵ Brand-name medications are protected by patents. Patents prevent other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer's patented brand name.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁵

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand, but they're just as safe and effective.

Frequently Asked Questions (FAQs) (cont.)

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.⁵ Just because generics cost less, it doesn't mean they're a lower-quality.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you'll pay your out-of-network cost-share to fill a prescription there.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁶

Express Scripts® Pharmacy for maintenance medications

Express Scripts® Pharmacy is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁷
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time⁸
- Helpful pharmacists available 24/7
- Flexible payment options

Here are three easy ways to get started.

- 1. Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills)⁸ electronically to Express Scripts Home Delivery. Or,

- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁹ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost⁷
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to **Cigna.com/specialty**.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna App** or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details and more. You can also manage your home delivery prescription orders.

Exclusions and limitations for coverage

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:¹⁰

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
 - prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
 - doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare;
 - implantable contraceptive devices covered under the Plan's medical benefit;
 - medications that are not medically necessary;
 - experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
 - medications that are not approved by the Food & Drug Administration (FDA);
 - prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
 - medications used for fertility,¹¹ sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,¹² or athletic enhancement;
 - prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
 - immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
 - replacement of prescription medications and related supplies due to loss or theft;
 - medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
 - prescriptions more than one year from the date of issue; or
 - coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
 - more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
 - prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.
- In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna Healthcare as medically necessary.

Cigna Healthcare reserves the right to make changes to the drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plan covers these medications, log in to the **myCigna** App or **myCigna.com**, or call Customer Service using the number on your ID card.
3. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
4. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
6. Not all plans offer Express Scripts® Pharmacy and Accredo as covered pharmacy options. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
7. Standard shipping costs are included as part of your prescription plan.
8. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
11. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the **myCigna** App or **myCigna.com**, or check your plan materials.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Express Scripts, Inc., or their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna Healthcare of Arizona, Inc., Cigna Healthcare of California, Inc., Cigna Healthcare of Colorado, Inc., Cigna Healthcare of Connecticut, Inc., Cigna Healthcare of Florida, Inc., Cigna Healthcare of Georgia, Inc., Cigna Healthcare of Illinois, Inc., Cigna Healthcare of Indiana, Inc., Cigna Healthcare of St. Louis, Inc., Cigna Healthcare of North Carolina, Inc., Cigna Healthcare of New Jersey, Inc., Cigna Healthcare of South Carolina, Inc., Cigna Healthcare of Tennessee, Inc. (CHC-TN), and Cigna Healthcare of Texas, Inc. Policy forms: OK — HP-APP-1 et al., OR — HP-POL38 02-13, TN — HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).